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IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

CIVIL ACTION

No. 19-164

JURY TRIAL DEMANDED

LORENZO NICHOLSSCI-ALBION, #EP7457, 10745, Route 18Albion, PA 16475-0002

(Enter above the full name and address  
of the plaintiff in this action)

VS.

JERI SMOCK, Correctional Health Care AdministratorSCI-ALBION, 10745, Route 18Albion, PA 16475

(Enter above the full name, title, and  
business address of each defendant in  
this action)

Plaintiff brings this action against the above named and identified defendants on the following cause in this action.

- I. Where are you now confined? State Correctional Institution at Albion

What sentence are you serving? Life

What court imposed the sentence? Court of Common Pleas of Philadelphia

II. Previous Lawsuits

- A. Describe any and all lawsuits in which you are a plaintiff which deal with the same facts-involved in this action. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit

Plaintiffs NOT APPLICABLE

Defendants NOT APPLICABLE

2. Court (if federal court, name the district; if state court, name the county) and docket number NOT APPLICABLE

3. Name the judge to whom case was assigned NOT APPLICABLE

4. Disposition (For example: Was the case dismissed? Was it appealed? Is it still pending?) NOT APPLICABLE

ADDITIONAL DEFENDANTS:

PHYSICIAN ASSISTANT STROUP

SCI-ALBION

10745, Route 18

Albion, PA 16475

Doctor LETIZIO

SCI-ALBION

10745, Route 18

Albion, PA 16475

5. Approximate date of filing lawsuit NOT APPLICABLE

6. Approximate date of disposition NOT APPLICABLE

B. Prior disciplinary proceedings which deal with the same facts involved in this action:

Where? NOT APPLICABLE

When? NOT APPLICABLE

Result: NOT APPLICABLE

III. What federal law do you claim was violated? CRUEL AND UNUSUAL PUNISHMENT CLAUSE OF THE EIGHTH AMENDMENT TO THE UNITED STATES CONSTITUTION

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheet if necessary.)

A. Date of event: May 8, 2018 thru May 17, 2018

B. Place of event: MEDICAL DEPARTMENT AT SCI-ALBION

C. Persons involved--name each person and tell what that person did to you: Correctional Health Care Administrator Jeri Smock allowed the training, procedures and practices of Medical Staff to get to a point to where my serious Medical needs were ignored. Due to Ms. Smock's inactions, my Diabetic symptoms worsened to the point that I suffered Diabetic Ketoacidosis and subjected to a possible coma or death.

PHYSICIAN ASSISTANT STROUP ignored my symptoms of fatigue, tiredness, dehydration, frequent urination and weight loss which are symptoms of Diabetic Ketoacidosis. Due to Dr. Stroup's inactions, my Diabetic Ketoacidosis worsened to the point where I could have went into a Diabetic Coma or succumbed to death.

Doctor Letizio ignored my symptoms of fatigue, tiredness, dehydration, frequent urination and weight loss which are symptoms of Diabetic Ketoacidosis. Due to Dr. Letizio's inactions, my Diabetic Ketoacidosis worsened to the point where I could have went into a Diabetic Coma or succumbed to death.

- V. Did the incident of which you complain occur in an institution or place of custody in this District: If so, where? Yes. SCI-ALBION, 10745, Route 18, Albion PA. 16475

and answer the following questions:

- A. Is there a prisoner grievance procedure in this institution?  
Yes( X ) No( )
- B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?  
Yes( X ) No( )

C. If your answer is Yes,

1. What steps did you take? I filed an initial grievance, an appeal to the Facility Manager of SCI-Albion, and a final level appeal.
2. What was the result? In a response from the final level appeal to the Central Offices of the Department of Corrections, it was stated that I should have had my blood glucose level check.

D. If your answer is NO, explain why not: NOT APPLICABLE

- E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes( ) No( )

F. If your answer is Yes,

1. What steps did you take? NOT APPLICABLE
2. What was the result? NOT APPLICABLE

- VI. Relief  
State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes. Award me punitive damages in the amount of \$5,000,000.00 and compensatory damages to cover the costs of litigating this action.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

May 26, 2019  
(Date)

Loreny Nickel  
(Signature of Plaintiff)